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# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                    |
|------------------------|--------------------|
| Application Number     | 10/787,524         |
| Filing Date            | 2/26/2004          |
| First Named Inventor   | COLLIE, Anthony D. |
| Art Unit               | 3635               |
| Examiner Name          | Basil S. Katcheves |
| Attorney Docket Number | 010790.00003       |

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **025223**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

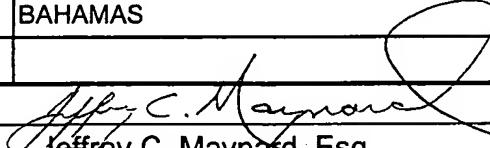
The reasons for this request are: The client has expressed his desire that we cease representation. Moreover, the client is more than six months in arrears in accounts receivable and refuses to make arrangements for payment.

## **CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

|                                     |   |  |                  |                |
|-------------------------------------|---|--|------------------|----------------|
| <input checked="" type="checkbox"/> | Firm or Individual Name   | Anthony D. Collie                        |                  |                |
| Address                             |   | P.O. Box AP-59004<br>Kennedy Subdivision |                  |                |
| City                                | New Providence  | State                                    |                  | Zip            |
| Country                             | BAHAMAS   |  |                  |                |
| Telephone                           |   |  | Email            |                |
| Signature                           |  |  |                  |                |
| Name                                | Jeffrey C. Maynard, Esq.  |  | Registration No. | 46,208         |
| Date                                | 04/29/2005  |  | Telephone No.    | (410) 347-9496 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Docket No. 10790/2 and 3

Serial/Patent No. 10/604,433; 10/787,524

The date stamp of the Patent & Trademark Office  
hereon confirms the date the following was received.

- ☐ New Application
- ☐ Filing Date
- ☐ Assignment
- ☐ Drawing
- ☐ Notice of Appeal
- ☐ Appeal Brief
- ☐ Power of Att.
- ☐ Fee
- ☐ Resp. to O.A. ....
- ☐ Con. Doc. ....
- ☐ Check No. .... \$ .....

PTO: Please stamp and return.

☒ Two (2) Request for  
Withdrawal as Attorney  
or Agent and Change of  
Correspondence Address

No. 9012 Patent receipt card. 9-02

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